

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10743643**

FILING DATE **12-23-03**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP	
1	1						51								
2		1					52								
3		1					53								
4		1					54								
5		1					55								
6	1						56								
7	1						57								
8		2					58								
9	1						59								
10	1						60								
11		2					61								
12		2					62								
13		2					63								
14		2					64								
15		2					65								
16		2					66								
17		2					67								
18		2					68								
19	1						69								
20	1						70								
21		1					71								
22	1						72								
23	1						73								
24		1					74								
25	1						75								
26		1					76								
27		1					77								
28	1						78								
29		1					79								
30	1						80								
31		1					81								
32	1						82								
33	1						83								
34	1						84								
35	1						85								
36	1						86								
37	1						87								
38		1					88								
39		1					89								
40		1					90								
41		1					91								
42	1						92								
43		1					93								
44		1					94								
45		1					95								
46		1					96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	18						TOTAL IND.								
TOTAL DEP.	32						TOTAL DEP.								
TOTAL CLAIMS	50						TOTAL CLAIMS								